

# AUTO CR - LOG SUMMARY #1053194

TYPE: INFO

## Incident Finding / Overall Case Finding

### Description of Incident

IT IS REPORTED THAT THE INVOLVED MEMBER FIRED TWO ROUNDS INTO AN AMERICAN BULLDOG THAT WAS ATTACKING A DOG THAT BELONGS AT [REDACTED] AS THE OFFICERS TRIED TO BREAK UP THE ATTACK THE DOG CHARGED AT THE INVOLVED MEMBER WHO FIRED HIS WEAPON

### Finding

(None Entered)

### Entered By

### Entered Date

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	PALUCH, CHRISTOPH C		[REDACTED]	008 /	SERGEANT OF POLICE	M	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
10-APR-2012 10 05 - 10-APR-2012 10 05	[REDACTED]	0811	008	291 - RESIDENTIAL YARD (FRONT/BACK)	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	PIWNICKI, RAYMOND R	1056	[REDACTED]	008 /	POLICE OFFICER	M	WHI		

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

## Incident Category List

Incident Category	Primary?	Initial?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y	Y

## Investigator History

## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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## Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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## Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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## Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	30-APR-2012 08:45	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	30-APR-2012 08:44	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	20-APR-2012 08:43	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	20-APR-2012 06:38	JOHNSON, NICOLE	INTAKE AIDE	113 /	
PRELIMINARY	20-APR-2012 05:27	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	20-APR-2012 04:37	JOHNSON, NICOLE	INTAKE AIDE	113 /	
PRELIMINARY	20-APR-2012 04:37	JOHNSON, NICOLE	INTAKE AIDE	113 /	
PRELIMINARY	10-APR-2012 11:58	STEWART, DENISE	INTAKE AIDE	113 /	

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					STEWART, DENISE	10-APR-2012 11:58			
	DOCUMENTS - INTAKE INCIDENT		15	Firearm discharge Incident (Animal)	N	JOHNSON, NICOLE	20-APR-2012 04:37	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	OFC.PIWNICKI#7858	N	STEWART, DENISE	10-APR-2012 01:36	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	ANOV [REDACTED]	N	STEWART, DENISE	10-APR-2012 01:40	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4	ANIMAL BITE INFORMATION	N	STEWART, DENISE	10-APR-2012 01:37	APPROVED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Accused Finding History

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 10-APR-2012) - LOG #1053194

TYPE: INFO

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	PALUCH, CHRISTOPH C			008 /	SERGEANT OF POLICE	M	WHI		

## Incident Information

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10-APR-2012 10:05 - 10-APR-2012 10:05		0811	008	291 - RESIDENTIAL YARD (FRONT/BACK)	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	10-APR-2012 11:58	STEWART, DENISE	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	30-APR-2012 08:45	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	30-APR-2012 08:44	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PENDING SUPERVISOR REVIEW	20-APR-2012 06:38	JOHNSON, NICOLE	INTAKE AIDE	113 /	
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PRELIMINARY	20-APR-2012 04:37	JOHNSON, NICOLE	INTAKE AIDE	113 /	
PRELIMINARY	10-APR-2012 11:58	STEWART, DENISE	INTAKE AIDE	113 /	



## TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT <b>10-APR-2012</b>		TIME <b>10:05:00</b>		2 ADDRESS OF THE INCIDENT		3 LOCATION CODE <b>291</b>		4 DAY/OCCUR <b>0811</b>								
MEMBER INVOLVED	5 POSITION <b>9161</b>		6 LAST NAME		7 FIRST NAME		8 STAR NO <b>7858</b>		9 RACE <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F <b>WHI</b>		10 AGE <b>510</b>		11 HT <b>173</b>			
	14 DATE OF APPT <b>08-JUN-1998</b>		15 EMPLOYEE NO		16 UNIT & BEAT OF ASSIGNMENT <b>008 0815</b>		17 FIFTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	20 LAST NAME		21 FIRST NAME		22 MI		23 SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE		25 D.O.B.		26 HT			
	28 ADDRESS		29 TELEPHONE NO		30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLGLO INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
SUBJECT INFORMATION	33 WHERE WAS MEDICAL TREATMENT OBTAINED?		34 BY WHOM?		35 CONDITION <input type="checkbox"/> 01 Hospitalized <input type="checkbox"/> 02 Not Hospitalized		36 CHARGES PLACED <input checked="" type="checkbox"/> DNA		37 (C) NO		38 (C) NO		39 (C) NO			
	38		39		40		41		42		43		44			
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT/ASSAULT		ASSAULT BATTERY		ASSAULT DEADLY FORCE							
	SUBJECT'S ACTIONS THREAT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLCD <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USE OF FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____							
WEAPON DISCHARGE INCIDENT	MEMBER'S RESPONSE MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDERS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMED <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKEN DOWN / EMERGENCY HANDGUN <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINEL <input type="checkbox"/> TASER (Pistol Discharge) <input type="checkbox"/> TASER (Contact Shot) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spoke Discharge) <input type="checkbox"/> OTHER _____		TASER STRIKE <input type="checkbox"/> CLOSED HAND STRIKE <input type="checkbox"/> IMPACT WEAPON (Inclusion in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Inclusion in Box 40) <input type="checkbox"/> OTHER _____		TASER <input type="checkbox"/> OTHER _____							
	40 CHEMICAL WEAPON AUTHORIZED BY (NAME)		41 ADDITIONAL INFORMATION R/O FIRED TWO ROUNDS INTO AMERICAN BULLDOG THAT WAS ATTACKING A DOG THAT BELONGS AT 5654 S NEENAH. AS R/O TRIED TO BREAK UP THE ATTACK THE DOG CAME AT R/O WHO IN TURN FIRED HIS WEAPON.													
CASE INFO.	42 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 02 SEMI-AUTO PISTOL <input type="checkbox"/> 03 HANDGUN <input type="checkbox"/> 04 OTHER (Specify)		43 INCIDENT OCCURRED <input type="checkbox"/> Public <input checked="" type="checkbox"/> Unlawful		44 WEATHER CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Visibility <input type="checkbox"/> 06 Good Ambient		45 MAKE/MANUFACTURE GLOCK INC.-AUG		46 MODEL <b>22</b>		47 BARREL LENGTH <b>4</b>		48 CALIBER/GAUGE <b>40 S&amp;W</b>		49 TOTAL NO OF SHOTS FOLLOWS <b>2</b>	
	50 TASER PART ID NO		51 WEAPON SERIAL NO (Includes Letters) <b>KXF359</b>		52 CHICAGO GUN REG NO. <b>R0040028</b>		53 IL FIREARM OWNER ID NO. <b>85551298</b>		54 HANDGUN CURRENT ATT NO							
SIGNATURES	55 SPECIAL WEAPON CERTIFICATE NO		56 PROPERTY INVENTORY NO		57 TYPE OF AMMUNITION USED Department Issued		58 NO OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		59 TOTAL NO OF SHOTS FOLLOWS <b>2</b>							
	60 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		61 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		62 NO OF CARTRIDGES/SHOT SHELLS 0		63 HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65 DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
	66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLICE, BUSHWAYS, CAR, FURNITURE, ETC) <b>NO</b>		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		68 PERSON OR OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING/DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)									
	70 NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		71 NOTIFICATIONS (FIREARM INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report											
	72 REPORTING MEMBER (Print Name) <b>PIWNICKI, RAYMOND R</b>		STAR NO <b>7858</b>		SIGNATURE											
	73 REVIEWING SUPERVISOR (Print Name) <b>PALUCH, CHRISTOPH C</b>		STAR NO <b>2090</b>		SIGNATURE											

### WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE AOS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING 1) THE DISCHARGE OF A FIREARM OR IMPACT OF MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DENY

☐ REFUSE

☐ UNABLE TO INTERVIEW (Specify Reason)

76 WATCH COMMANDER/OCIC RATIONALE FOR EACH FINDING

The Officer discharged his weapon twice to destroy a vicious dog that was attacking another dog and then charged at the Officer. The Officer's actions were within dept guidelines for discharging his weapon. Log # obtained as required

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO. (OR #) 1053194 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

SCOTT, RICHARD D

SIGNATURE

DATE COMPLETED

TIME

10-APR-2012 12:01:00

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET INCLUDING THE TRR AND COPIES OF THE FOLLOWING LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS: PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ OR INITIATION REPORT

NO. TOTAL TRR'S THIS EVENT NO.

1

<b>ANIMAL BITE INFORMATION</b> CHICAGO POLICE DEPARTMENT				BEAT ASSGN. 813	BEAT/OCCUR. 811	DATE OF REPORT 10 APR 12	TIME 1005	ANIMAL BITE NO. [REDACTED]
ANIMAL OWNER'S NAME [REDACTED]				ADDRESS [REDACTED]				TELEPHONE NO. [REDACTED]
ANIMAL OWNER'S DESCRIPTION	SEX	RACE	AGE	HEIGHT	WEIGHT	DOB	COMPLEXION	MUSTACHE
	M		2133	600	210	MED	CAU	
VICTIM'S NAME [REDACTED]				ADDRESS [REDACTED]				TELEPHONE NO. [REDACTED]
LOCATION OF INCIDENT [REDACTED]				DATE OF INCIDENT 10 APR 12				TIME 1005
DESCRIPTION OF INJURY MAJOR BITES				ANIMAL LICENSE NO. CITY/TOWN				RABIES TAG NO.
ANIMAL	BREED			COLOR		SIZE		SEX
DOG	AMER BULL DOG			TAN		<input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> LARGE		M

CPD-34.226 (Rev. 8/81)

To: 63592  
04/10/12 12:40 PM

Page 3 of 7

From: (3127478545)

CPD 0071604



OWNER NOTIFIED ☒ YES ☐ NO ANIMAL NOTICE FORM GIVEN TO OWNER? ☒ YES ☐ NO ANIMAL IMPOUNDED ☐ YES ☐ NO ☐ OWNER ☐ VET ☐ DISTRICT ☐ OTHER (IF OTHER, EXPLAIN)

ANIMAL IN CUSTODY ☐ IN CUSTODY NAME & ADDRESS OF VET EXAMINING ANIMAL ☐ ANIMAL IS NOT KEPT AT ANIMAL CONTROL CENTER

CITATION ISSUED? ☒ YES ☐ NO CITATION NO. [REDACTED] CHAPTER SECTION DESCRIPTION 7-12 030 ANIMAL UNDER RESTRAINT

COURT BR. & DATE  
A-100  
10 MAY 12 0900

REMARKS  
ANIMAL DESTROYED BY POLICE. [REDACTED] DOG WAS ATTACKED BY

THE BULL DOG. AS CALACE DOG WAS IN THE BACKYARD.

NAME OF ANIMAL CONTROL MEMBER TAKING REPORT DOZONO BADGE NO. 7554 TIME ASSIGN. COMPLETED 1230  
REPORTING OFFICER KULBIDA STAR NO. 12036 SUPERVISOR APPROVING Sgt C. Palmer STAR NO. 2090

TO: 63592  
04/10/12 12:40 PM

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FROM: (3127478545)

**ANIMAL BITE INFORMATION  
CHICAGO POLICE DEPARTMENT**

ANIMAL OWNER'S NAME

BEAT ASSGN.

813

BEAT/OCCUR.

811

DATE OF REPORT

10 APR 12

TIME

9:56

ANIMAL BITE NO.

OWNER'S  
DESCRIPTION

M 2 33

HEIGHT WEIGHT

600 210

ADDRESS

MED

CAU.

MUSTACHE

GLASSES

ADDRESS

SEX AGE

M

DATE OF INCIDENT TIME

10 APR 12 0956

TREATED BY - PHYSICIAN'S NAME

ADDRESS

TELEPHONE NO.

DESCRIPTION OF INJURY

MINOR BITES

ANIMAL LICENSE NO. CITY/TOWN

RABIES TAG NO.

ANIMAL

DOG

BREED

AMERICAN BULL DOG

COLOR

TAN

SIZE

☐ SMALL ☐ MEDIUM ☒ LARGE

SEX

M

CPD-34.226 (Rev. 8/81)

0: 63592  
4/10/12 12:40 PM

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FROM: (3127478545)

CPD 0071606

OWNER NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ANIMAL NOTICE FORM GIVEN TO OWNER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ANIMAL IMPOUNDED <input type="checkbox"/> YES <input type="checkbox"/> NO	OWNER <input type="checkbox"/> VET <input type="checkbox"/> DISTRICT <input checked="" type="checkbox"/> OTHER	(IF OTHER, EXPLAIN)
ANIMAL INV. NO. (IF ANIMAL IS IN CUSTODY)	NAME & ADDRESS OF VET EXAMINING ANIMAL (IF ANIMAL IS NOT KEPT AT ANIMAL CONTROL CENTER)			
	BERWYN ANIMAL HOSP.			
CITATION ISSUED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	CHAPTER SECTION	DESCRIPTION	
		7-12 :030	ANIMAL UNDER RESTRAINT	
COURT BR. & DATE	CITATION NO.	CHAPTER SECTION	DESCRIPTION	
ANOV 10 MAY 12 0900				
REMARKS				
ANIMAL DESTROYED BY POLICE CHOC LAB OWNED BY [REDACTED] <del>2006</del> ATTACKED BY THE BULLDOG THEN FLED.				
NAME OF ANIMAL CONTROL MEMBER TAKING REPORT				
DOZONO		BADGE NO.	TIME ASSIGN. COMPLETED	
REPORTING OFFICER		STAR NO.	STAR NO.	
KULBIDA		12036	7556 1230	
		SUPERVISOR APPROVING		
		[Signature] 0090		

TO: 63592  
04/10/12 12:40 PM

Page 6 of 7

From: (3127478545)

ADMINISTRATIVE NOTICE OF ORDINANCE VIOLATION			
In the City of Chicago Department of Administrative Hearings City of Chicago & Municipal Corporations			
<b>STEP 1: Officer, Investigator, Inspector, and/or Complainant on oath states that the Respondent did then and there violate the following section(s) of the Municipal Code of Chicago:</b>			
<b>COUNT</b>	<b>VIOLATION</b>	<b>COUNT</b>	<b>VIOLATION</b>
1	DRIVING WHILE USING MOBILE TELEPHONE WITHOUT HANDS-FREE DEVICE 10-8-326/98-126 #1.6(a)	1	UNSAFE CONDUCT ON CTA - CROSSING BETWEEN CARS 10-8-326/98-126 #1.6(a)
2	DRINKING ALCOHOL ON THE PUBLIC WAY 8-4-030	2	FALSE BURGLAR ALARM 8-4-056(b)
3	PUBLIC URINATION 8-4-001	3	OTHER: TITLE CHARGE 7-12-030
4	ALCOHOL ON PARK DISTRICT PROPERTY 10-38-185 CH VII B.7	4	RULE ANIMAL UNDER RESTRAINT
5	AFTER HOURS - PARK DISTRICT PROPERTY 10-38-185 CH VII D.2		
6	SMOKING ON THE CTA 10-8-326/98-126 #1.8		
7	DRINKING ALCOHOL ON CTA 10-8-326/98-126 #1.4		
<b>STEP 2: You Must Describe Actions for Each Count Below:</b>			
Count 1, In That: <u>RESPONDENT'S DOGS TO</u>			
<u>WIT: 1 AMERICAN BULL DOG &amp; 1</u>			
<u>GERMAN SHEPARD WERE RUNNING</u>			
Count 2, In That: <u>LOOSE THRU NEIGHBORHOOD W/OUT</u>			
<u>LEASE.</u>			
<b>Administrative Hearing Appearance</b>			
<b>IMPORTANT: UNLESS YOU HAVE BEEN ISSUED A MAIL-IN OPTION VIOLATION YOU MUST APPEAR FOR A MANDATORY HEARING OR.</b>			
Date: Mo/Day	Year	Time	Room No.
5/10	2012	9:00 PM	102
FAILURE TO APPEAR may result in the imposition of a fine not to exceed the maximum penalties for each violation as specified in the Municipal Code of Chicago plus costs, expenses and fees, and may constitute contempt of court.			
I acknowledge receipt of this notice and the consequences of failure to appear for a hearing.			
Signature of Respondent or Person Served: <u>[Signature]</u>			
Comments: <u>[Signature]</u>			
<b>P</b>			

SEE REVERSE SIDE FOR MAIL-IN PAYMENT OPTIONS  
DEPARTMENT OF ADMINISTRATIVE  
HEARINGS COPY

**BUREAU OF INTERNAL AFFAIRS  
INVESTIGATIONS DIVISION  
GENERAL INVESTIGATIONS SECTION**

**Date: 10 April 2012  
LOG # 1053194**

**TO:** Juan Rivera  
Chief  
Bureau of Internal Affairs

**ATTN:** Robert Klimas  
Commander  
Bureau of Internal Affairs  
Investigations Division

**ATTN:** Lt. Susan Clark # 320  
Bureau of Internal Affairs  
Administrative Section  
Internal Affairs Division

**FROM:** Sergeant Mark A. Higgs # 1914  
Bureau of Internal Affairs  
Investigations Division  
General Investigations Section

**SUBJECT:** **Synoptic Report – Firearm Discharge Incident (Animal)**

**RESULTS:** **BAC: .000**

<b>REFERENCE:</b>	<b>LOG #</b>	<b>1053194</b>
	<b>WD#</b>	[REDACTED]
	<b>Bite Card#</b>	[REDACTED]
	<b>RD#</b>	<b>None</b>

**INCIDENT  
LOCATION:** [REDACTED]

**DATE & TIME:** **10 April 2012, 1005 hours**

**DSS:** **Lt. Richard SCOTT #308**

**UNION REP:** **None**

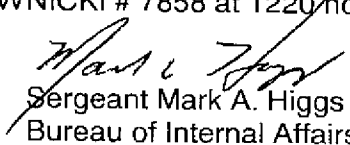
**INVOLVED MEMBER:** Police Officer Raymond PIWNICKI  
Star # 7858  
Employee # [REDACTED]  
Unit of Assignment: 008  
DOA: 08 June 1998  
DOB: [REDACTED]

**NARRATIVE:**

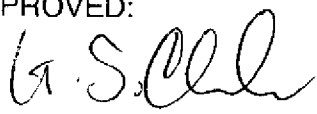
R/Sgt received notification from CPIC by P/O P. STRICKLAND # 11443 at 1020 hours on 10 April 2012 regarding a Firearm Discharge Incident in the 008<sup>th</sup> District.

R/Sgt arrived at the 008<sup>th</sup> District at 1145 hours, and began the 20 minute observation period of P/O PIWNICKI # 7858 at 1150 hours. P/O PIWNICKI # 7858 was presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form. The Breath Test was conducted at 1215 hours and the BAC was .000. The DSS was notified of the results.

R/Sgt then collected the urine specimen of P/O PIWNICKI # 7858 at 1220 hours.

  
Sergeant Mark A. Higgs # 1914  
Bureau of Internal Affairs  
Investigations Division  
General Investigations Section

APPROVED:

  
Lt. Susan Clark # 320  
Bureau of Internal Affairs  
Administrative Section  
Internal Affairs Division

UNIT NO.  008	PROP. INVENTORY NO.	DATE RECEIVED  4/10/12	MANNER RECEIVED  <input type="checkbox"/> MAIL <input type="checkbox"/> COUNTER <input type="checkbox"/> CRIME LAB  <input type="checkbox"/> OTHER- DESCRIBE
---------------------	---------------------	------------------------------	---

DELIVERING OFFICER	STAR NO.	E & RPS RECEIVING OFFICER	STAR NO.
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CONTENTS - DESCRIBE

AMOUNT \$

## EVIDENCE - PROPERTY ENVELOPE

EVIDENCE & RECOVERED PROPERTY SECTION  
CHICAGO POLICE DEPARTMENT

CPD-34-559-A

SEAL WITHIN WHITE AREA



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name PIWNECKI, Raymond Title P/O  
Star No. 7857 Employee No. [REDACTED] Unit 008

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name	Involved Member's Signature	Date and Time
<u>Raymond Piwnicki</u>	<u>[Signature]</u>	<u>10 APR 12 1155</u>
Type of Test: <u>Alcohol</u>	Location: <u>008th District</u>	Date and Time: <u>10 APR 12 1215</u>
Type of Test: <u>Drug</u>	Location: <u>008th District</u>	Date and Time: <u>10 APR 12 1220</u>

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
<u>Sgt. M. 12665 1914</u>	<u>[Signature]</u>	<u>10 APR 12 1225</u>

CPD-44.252 (REV. 11/11)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER



# DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

**INSTRUCTIONS:** Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by Sgt. M. Higgs # 1914

☐ Employer Representative

Signature of Employer Representative

## PART I -

A. On the 10 day of April, 2012 at 12:20, Raymond Pinnick  
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Sgt. M. Higgs  
(PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

A

MAIN TEST VIAL - NO.

B

ALTERNATE TEST VIAL - NO.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the vial. I then initialed the evidence tape with specimen ID number

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

## PART II -

The urine specimen with the control number 78501 was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

Conny  
(STAFF MEMBER'S SIGNATURE)

on 10 APR 12  
(DATE)

at 1311  
(TIME)

(EXAMINEE'S INITIALS)

## PART III -

I attest that the sealed urine specimen bag containing specimen ID number

was removed from the Random Drug Testing Unit refrigerator by

and then delivered to

(LAB MEMBER)

(RDTU MEMBER)

(DATE)

(TIME)

Specimen received by

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

TEST RECORD  
RBT IU

RBT IU# 022783  
DATE 04-10-12  
TEST NO. 0115  
ID#

24773

AS IU# [REDACTED]  
TEMPERATURE 21 C

SUBJECT TEST  
%BAC TIME

000 BLANK  
000 AUTO 12.15

SUBJECT

[REDACTED]  
OPERATOR

Sgt. H. G. 1914  
WITNESS

DNA  
TEST LOCATION

[REDACTED]

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**QUEST DIAGNOSTICS COURIER COLLECTION AND CONTROL FORM**

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

A. Employer Name, Address, I.D. No. CHICAGO POLICE DEPT  
CHICAGO POLICE DEPT  
ALL S HIGHWAY HWY  
CHICAGO IL 60651  
TEL: 312-745-5053 FAX: 312-745-4839

B. MRO Name, Address, Phone and Fax No. QUEST DIAGNOSTICS

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Donor Name: Last [REDACTED] First [REDACTED]

E. Donor ID Verified: ☒ Photo ID ☐ Emp. Rep.

F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)  
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) Mandatory Post Firearm Disch

G. Drug Tests to be Performed  
☒ DRUGS SAP 10-507000 N/MT

H. Collection Site Name: 008th District  
Address: \_\_\_\_\_  
City, State and Zip: \_\_\_\_\_

Collection Site Code: \_\_\_\_\_

Collector Phone No.: \_\_\_\_\_  
Collector Fax No.: \_\_\_\_\_

**STEP 2: COMPLETED BY COLLECTOR**

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark \_\_\_\_\_

REMARKS \_\_\_\_\_

Specimen Collection: ☐ Split ☒ Single ☐ None Provided (Enter Remark) \_\_\_\_\_ ☒ Observed (Enter Remark) \_\_\_\_\_

**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.**

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that this section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

[REDACTED] Time of Collection 1220 AM/PM PM  
4/10/12 Date (Mo./Day/Yr.)

**SPECIMEN BOTTLE(S) RELEASED TO:**  
☐ Quest Diagnostics Courier ☐ FedEx  
☐ Other \_\_\_\_\_

Name of Delivery Service Transferring Specimen to Lab \_\_\_\_\_

**SPECIMEN BOTTLE(S) RELEASED TO:**  
☒ Primary Specimen Bottle Seal Intact  
☐ Yes  
☐ No, Enter Remark \_\_\_\_\_

**RECEIVED AT LAB:** ☒ X

Signature of Accessioner \_\_\_\_\_  
(Print) Accessioner's Name (First, MI, Last) \_\_\_\_\_  
Date (Mo./Day/Yr.) \_\_\_\_\_

**STEP 5: COMPLETED BY DONOR**

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

☒ X

Signature of Donor D - N - A  
(PRINT) Donor's Name (First, MI, Last) \_\_\_\_\_  
Date (Mo./Day/Yr.) \_\_\_\_\_

Daytime Phone No. ( ) \_\_\_\_\_  
Evening Phone No. ( ) \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Mo. Day Yr.

**STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN**

In accordance with applicable requirements, my determination/verification is:

☒ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE:  
☐ DILUTE ☐ ADULTERATED ☐ SUBSTITUTED

REMARKS \_\_\_\_\_

☒ X

Signature of Medical Review Officer \_\_\_\_\_  
(PRINT) Medical Review Officer's Name (First, MI, Last) \_\_\_\_\_  
Date (Mo./Day/Yr.) \_\_\_\_\_

**STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN**

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON \_\_\_\_\_

☒ X

Signature of Medical Review Officer \_\_\_\_\_  
(PRINT) Medical Review Officer's Name (First, MI, Last) \_\_\_\_\_  
Date (Mo./Day/Yr.) \_\_\_\_\_

COPY 2 MEDICAL REVIEW OFFICER COPY

RANDOM DRUG TESTING UNIT  
ALTERNATE COLLECTION RECEIPT

On the 10 day of APRIL 2012, I PO C. CONRY # 7094  
received a collected urine specimen from SGT. M. HIGGS # 1914 The specimen  
was delivered in sealed / unsealed condition and was received in packaging described as.

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including  
one within a sealed Quest Diagnostics specimen bag)

or

☐

The packaging was then opened by PO C CONRY in the presence  
of Sgt. HIGGS. The following items were removed from the container

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest  
Diagnostics specimen bag and one tape-sealed vial labeled [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer  
by PO C. Conry, as witnessed by Sgt. M. HIGGS

Specimen delivered by: Sgt. M. HIGGS Signature # 1914

Received/stored by: PO C. Conry Signature # 7094

Last Name: Piwnicki

First Name: Raymond

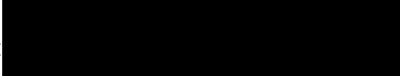
Rank: P.O.

Star #: 7858

Unit: 008

Home Zip Code: 60653

Date Hired: 8 June 98

Birthdate: 

Last Name: Piwnicki  
First Name: Raymond  
Rank: P.O.  
Star #: 7858  
Unit: 008  
Home Zip Code: 60653  
Date Hired: 8 June 98  
Birthdate: [REDACTED]

  
10 APR 12

# DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

**INSTRUCTIONS:** Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by Sgt. M. Higgs # 1914

☐ Employer Representative

Signature of Employer Representative

## PART I -

A. On the 10 day of April, 2012 at 12:20, Raymond Pinnick  
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Sgt. M. Higgs and witnessed this member:  
(PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

A  
MAIN TEST VIAL - NO.

B  
ALTERNATE TEST VIAL - NO.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

## PART II -

The urine specimen with the control number received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

(STAFF MEMBER'S SIGNATURE)

, on 10 APR 12, at 1311  
(DATE) (TIME)

(EXAMINEE'S INITIALS)

## PART III -

I attest that the sealed urine specimen bag containing specimen ID number

was removed from the Random Drug Testing Unit refrigerator by

and then delivered to

(RDTU MEMBER)

(LAB MEMBER)

(DATE)

(TIME)

Specimen received by

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

LABORATORY REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

CHICAGO POLICE DEPT  
LABORATORY UNIT, 4100 N  
5100 S HIGHWAY AVE  
CHICAGO IL 60631  
TEL: 312-745-5055 FAX: 312-745-4839

B. MRO Name, Address, Phone and Fax No.

PH: 100%

C. Donor SSN or Employee I.D. No.

D. Donor Name. Last:

E. Donor ID Verified

☒ Photo ID ☐ Emp. Rep

F. Reason for Test:

☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)  
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) Mandatory Post Firearm Disch.

G. Drug Tests to be Performed:

☒ 151.90N SOP 10-50/2000 N/MTT

H. Collection Site Name: 008th District

Address:

City, State and Zip:

Collection Site Code:

Collector Phone No.

Collector Fax No.

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split ☒ Single ☐ None Provided (Enter Remark) ☒ Observed (Enter Remark)

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.  
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

[Redacted]

Section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

1220 AM  
Time of Collection  
4/10/12  
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☐ Quest Diagnostics Courier ☐ FedEx  
☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED  
AT LAB: ☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen  
Bottle Seal Intact

☐ Yes  
☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

☒ D - N - A  
Signature of Donor (PRINT) Donor's Name (First, MI, Last)

Daytime Phone No. ( )

Evening Phone No. ( )

Date (Mo./Day/Yr.)

Date of Birth Mo Day Yr

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE:  
☐ DILUTE ☐ ADULTERATED ☐ SUBSTITUTED

REMARKS

☒  
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON

☒  
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 2 MEDICAL REVIEW OFFICER COPY

CPD 0071620



RANDOM DRUG TESTING UNIT  
ALTERNATE COLLECTION RECEIPT

On the 10 day of APRIL 2012, I PO C. Conroy # 7094  
received a collected urine specimen from SGT. M. HIGGS # 1914. The specimen  
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including  
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by PO C. Conroy in the presence  
of Sgt. HIGGS. The following items were removed from the container

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest  
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer  
by PO C. Conroy, as witnessed by Sgt. M. HIGGS

Specimen delivered by: Sgt. M. HIGGS # 1914  
Signature

Received/stored by: PO C. Conroy # 7094  
Signature



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name PIWNICKI, Raymond Title P/O  
Star No. 7857 Employee No. [REDACTED] Unit 008

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name <u>Raymond Piwnicki</u>		Involved Member's Signature <u>[Signature]</u>	Date and Time <u>10 APR 12 1155</u>
Type of Test: <u>Alcohol</u>	Location: <u>008th District</u>	Date and Time: <u>10 APR 12 1215</u>	
Type of Test: <u>Drug</u>	Location: <u>008th District</u>	Date and Time: <u>10 APR 12 1220</u>	

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name <u>Sgt M. Higgins 1914</u>	B.I.A. Supervisor's Signature <u>[Signature]</u>	Date and Time <u>10 APR 12 1225</u>
--	---	--

CPD-44.252 (REV. 11/11)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.



4/12/2012 10:47:57 AM

**Drug Detail Report****PATIENT INFORMATION**

Quest Diagnostics Employer Solutions  
Customer Care: 800-877-7484

Primary ID: [REDACTED]

**SPECIMEN INFORMATION**

REQUISITION: [REDACTED]  
LAB REF NO: [REDACTED]  
COLLECTED 4/10/2012 12:20  
RECEIVED 4/11/2012 08:29  
REPORTED 4/11/2012 12:59  
DOCUMENT ID

**CLIENT INFORMATION**

[REDACTED]  
CHICAGO POLICE DEPT  
3510 S MICHIGAN AVE  
CHICAGO, IL 60653

**Reason:** OTHER -- MANDATORY POST FIREARM DISCH

Tests Ordered: [REDACTED]

**Integrity Checks****Acceptable Range**

CREATININE	178.5 mg/dL	>= 20 mg/dL
pH	5.5	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

**Substance Abuse Panel**

Initial Test Level	GC/MS Confirm Test Level
AMPHETAMINES	1000 ng/mL
BARBITURATES	300 ng/mL
BENZODIAZEPINES	300 ng/mL
COCAINE METABOLITES	300 ng/mL
MARIJUANA METABOLITES	50 ng/mL
METHADONE	300 ng/mL
METHAQUALONE	300 ng/mL
OPIATES	2000 ng/mL
PHENCYCLIDINE	25 ng/mL
PROPOXYPHENE	300 ng/mL

AMPHETAMINES	Negative
BARBITURATES	Negative
BENZODIAZEPINES	Negative
COCAINE METABOLITES	Negative
MARIJUANA METABOLITES	Negative
METHADONE	Negative
METHAQUALONE	Negative
OPIATES	Negative
PHENCYCLIDINE	Negative
PROPOXYPHENE	Negative

CERTIFYING SCIENTIST: [REDACTED]

**SPECIMEN RECEIVED AND PROCESSED IN THE**

LAB: Quest Diagnostics-Lenexa  
10101 Renner Blvd  
Lenexa KS 66219

**ADDITIONAL COMMENTS:**

Test Type: MANDATORY POST FIREARM DISCH mapped to OTHR